SKY VIEW NURSING CENTER

309 IRON STRE	EΤ
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HURLEY 54534 Phone: (715) 561-5646		Ownership:	Individual
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Intermediate
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	36	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	36	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	36	Average Daily Census:	35

Services Provided to Non-Residents	Age, Gender, and Primary Di	-			=	용	
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	%	Age Groups	용	Less Than 1 Year	25.0 47.2
Supp. Home Care-Household Services	No	Developmental Disabilities	2.8	Under 65	0.0	More Than 4 Years	13.9
Day Services	No	Mental Illness (Org./Psy)	63.9	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	19.4		86.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	77.8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	5.6			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	11.1	65 & Over	100.0		
Transportation	No	Cerebrovascular	2.8			RNs	2.8
Referral Service	No	Diabetes	11.1	Gender	용	LPNs	9.7
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	2.8	Male	50.0	Aides, & Orderlies	29.2
Mentally Ill	No			Female	50.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I			100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				30	96.8	90	0	0.0	0	5	100.0	134	0	0.0	0	0	0.0	0	35	97.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	3.2	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.8
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		31	100.0		0	0.0		5	100.0		0	0.0		0	0.0		36	100.0

County: Iron Facility ID: 8220 Page 2 SKY VIEW NURSING CENTER

************************************ Admissions, Discharges, and | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 Deaths During Reporting Period | -------Deaths During Reporting Period

| Reporting Period | Reporting Period | Resident | Resid Psych. Hosp.-MR/DD Facilities 0.0 | Physically Restrained 0.0 Receiving Mechanically Altered Diets 2.8

Deaths 20.0 | With Pressure Sores 0.0 Have Advance Directives 100.0 Total Number of Discharges | With Rashes 0.0 Medications (Including Deaths) 20 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

Rehabilitation Hospitals

Other Locations

Other Locations

O.0 | Skin Care

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	Und	er 50	Int	ermediate	Al	1		
	Facility	acility Peer Group			Group	Peer	Group	Faci	lities		
	%	ଚ	Ratio	8	Ratio	%	Ratio	용	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	80.8	1.20	89.7	1.08	97.2	1.00	87.4	1.11		
Current Residents from In-County	52.8	73.7	0.72	66.7	0.79	52.8	1.00	76.7	0.69		
Admissions from In-County, Still Residing	30.0	19.8	1.52	28.0	1.07	30.0	1.00	19.6	1.53		
Admissions/Average Daily Census	57.1	137.9	0.41	74.8	0.76	57.1	1.00	141.3	0.40		
Discharges/Average Daily Census	57.1	138.0	0.41	78.2	0.73	57.1	1.00	142.5	0.40		
Discharges To Private Residence/Average Daily Census	2.9	62.1	0.05	14.1	0.20	2.9	1.00	61.6	0.05		
Residents Receiving Skilled Care	0.0	94.4	0.00	81.4	0.00	0.0	0.00	88.1	0.00		
Residents Aged 65 and Older	100	94.8	1.05	90.0	1.11	100.0	1.00	87.8	1.14		
Title 19 (Medicaid) Funded Residents	86.1	72.0	1.20	74.0	1.16	86.1	1.00	65.9	1.31		
Private Pay Funded Residents	13.9	17.7	0.79	16.0	0.87	13.9	1.00	21.0	0.66		
Developmentally Disabled Residents	2.8	0.8	3.53	0.4	6.42	2.8	1.00	6.5	0.43		
Mentally Ill Residents	63.9	31.0	2.06	60.6	1.05	63.9	1.00	33.6	1.90		
General Medical Service Residents	2.8	20.9	0.13	11.3	0.25	2.8	1.00	20.6	0.14		
Impaired ADL (Mean)	25.0	45.3	0.55	46.5	0.54	25.0	1.00	49.4	0.51		
Psychological Problems	38.9	56.0	0.70	62.3	0.62	38.9	1.00	57.4	0.68		
Nursing Care Required (Mean)	0.3	7.2	0.05	5.0	0.07	0.3	1.00	7.3	0.05		